

# Overview of HUSKY Renewal Processes



Prepared for MAPOC  
February 20th, 2015



## 1. Traditional (“Classic”) Family and Adult HUSKY (A,B & D)

- Transition of this population to MAGI-based HUSKY
- Transitional - Materially finished around October 2015
- Access Health CT, Xerox and DSS partner in this process

## 2. MAGI HUSKY (A,B & D)

- Access Health CT, Xerox and DSS partner in this process

## 3. HUSKY C and the Medicare Savings Programs (MSP)

- Established DSS process – only process that uses ConneCT



# **Traditional “Classic” HUSKY A,B & D Households**

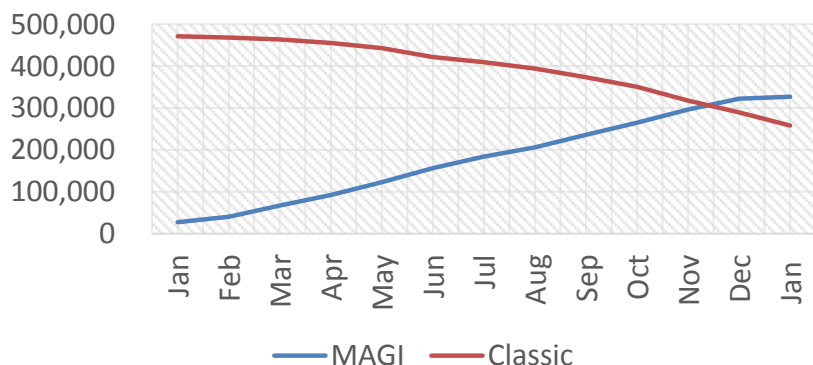


- Classic HUSKY A, B & D households are renewed and transitioned to MAGI using the Access Health CT shared system
- Moratoriums**
  - Connecticut took advantage of a federal option to defer redeterminations during January – March 2014 (most HUSKY A,B and D households had 3 months added to their coverage).
  - Connecticut received approval for an additional moratorium, which was implemented from June – August, 2014.
  - April and May redeterminations were not included in the second moratorium, but received longer “Second Chance” extensions.
  - Under the “Second Chance” process, we do not disenroll immediately when the redetermination hasn’t been completed. Instead, we send a reminder and provide additional months of coverage, e.g., settled on 4 months.

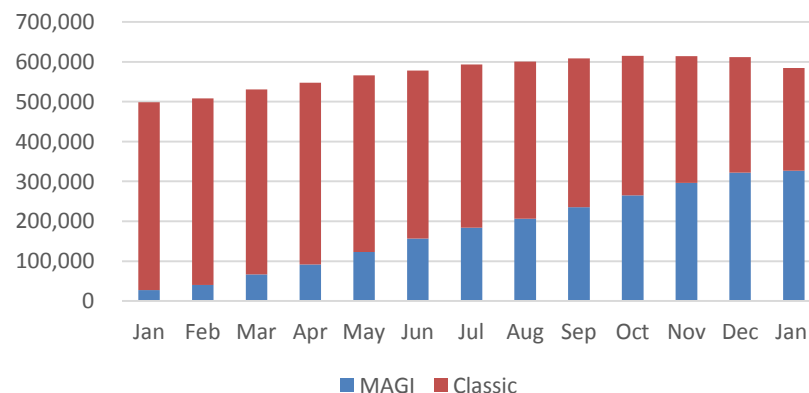


- The trend lines show the increasing MAGI enrollments with a commensurate decline in the equivalent “classic” HUSKY enrollments.
- Overall enrollments are up from 1/1/2014.

**Enrollment Trends**



**Enrollment Totals**



MAGI=X01, X02, X07 and X25.

Classic=P01, P02, G02, F07 and F25.

Step 2

Paper  
(Mail)

In Person  
(DSS office)

Phone

Online

Access Health CT

Post  
Enroll



xerox



EMS

Four channels.

Two are new:

- Phone Apps
- Web self service with real time determinations

Manual entry by  
Xerox into EMS

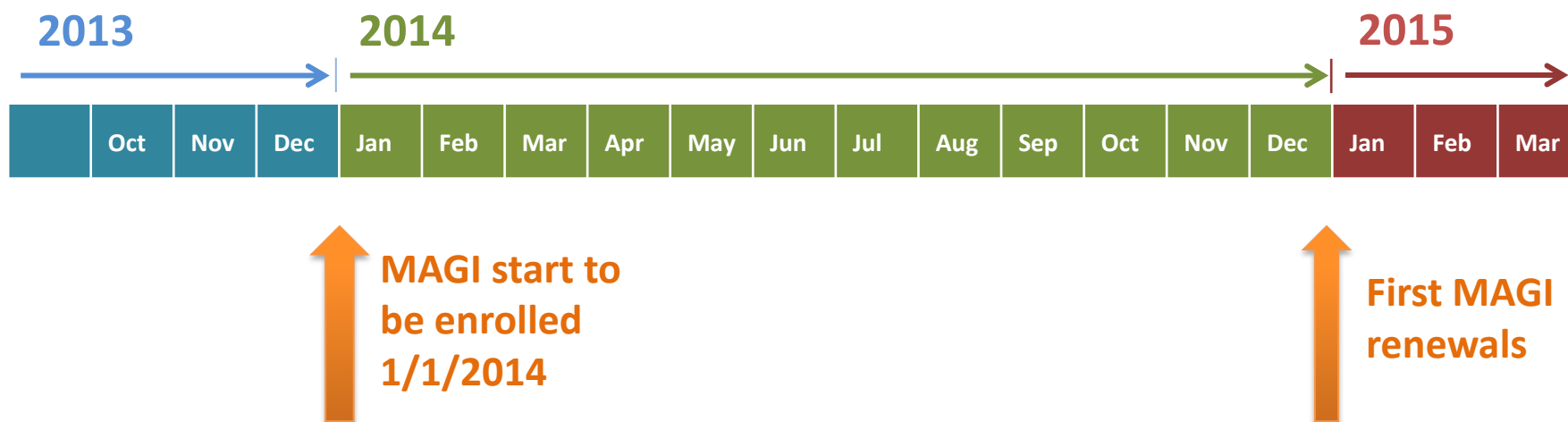
**NOTE:** Coverage exists at this point. It is always instant with no waiting/pending for verifications. Instant coverage makes CT different.

Step 1

60 days before coverage end,  
a household is notified and sent  
a MAGI (AH3) application form



# MAGI Renewals







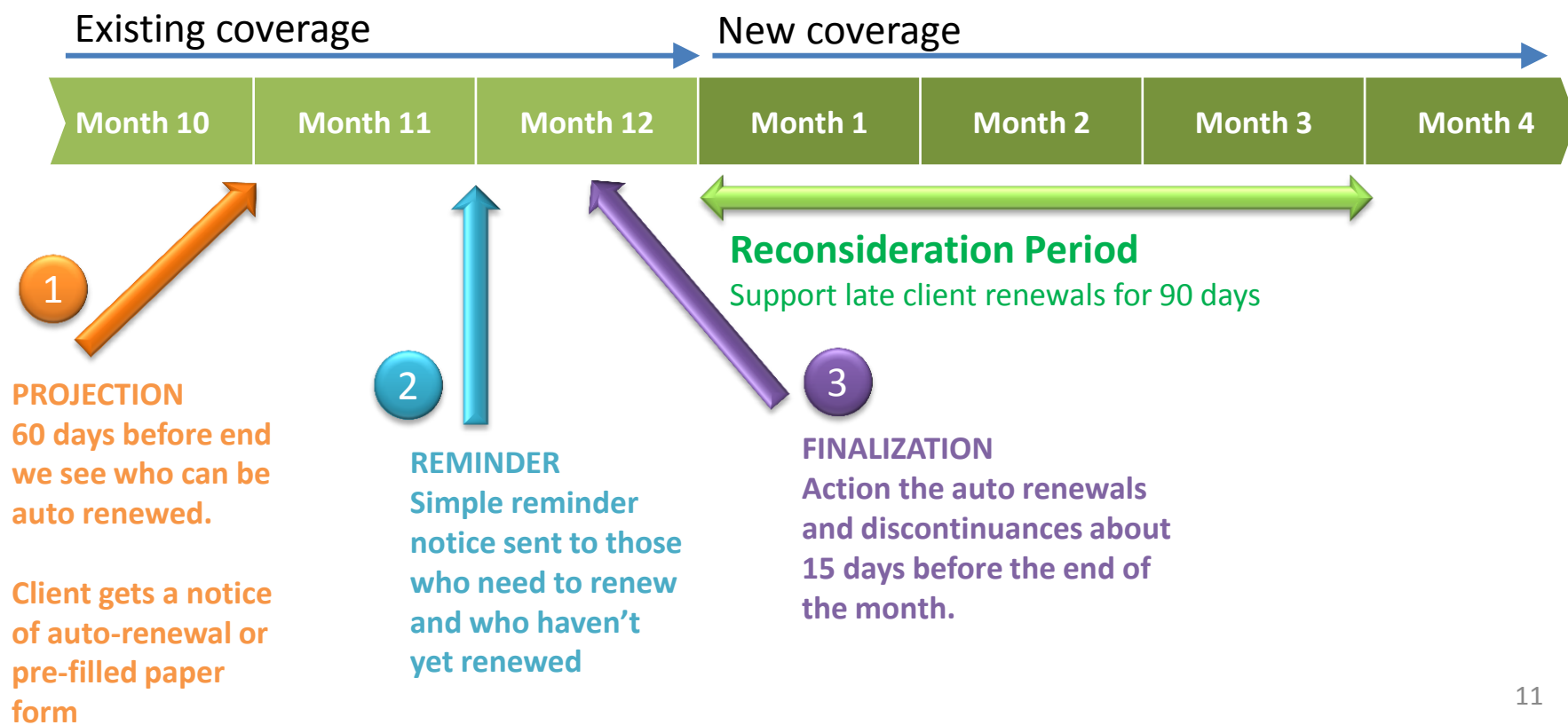
## New processes under the Affordable Care Act:

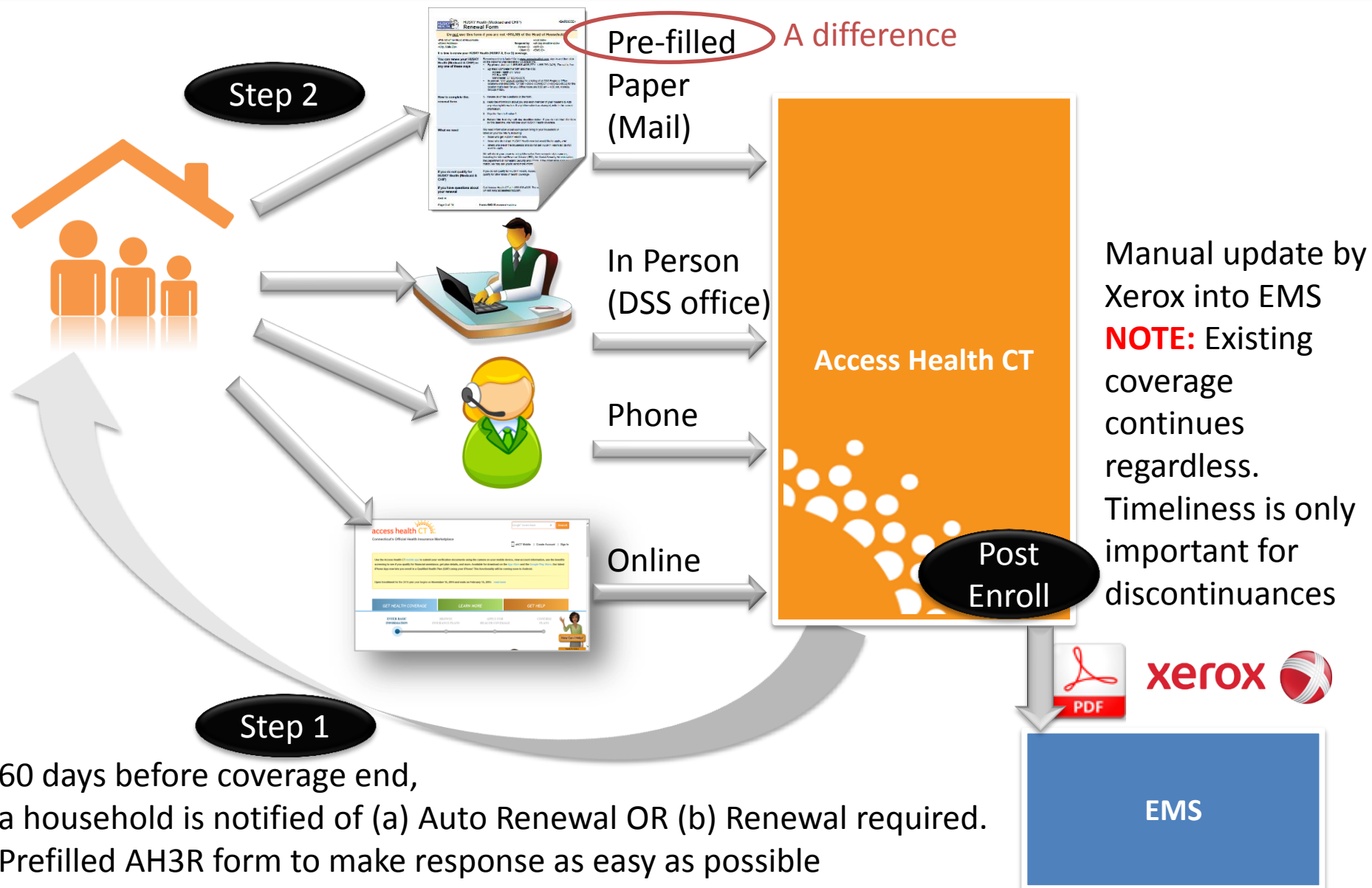
- Administrative (Auto) Renewals
  - Using electronic sources of data the system will attempt to renew individuals automatically if everything looks “reasonably compatible”.
  - The client simply gets a notification (mailed or emailed) that they will be granted another 12 months.
- Reconsideration Period
  - Up to 90 days after the closure someone can be renewed and coverage back dated.
- New Name for a New Process
  - CMS now calls the process “Renewals” instead of “Redetermination” to reflect the intent of the new process



- In the auto-renewal process we check:
  - That per electronic data sources the previous attested income is less than or within 10% of the value.
    - Wages through Department of Labor and IRS (Federal Hub)
    - Unemployment benefits through Department of Labor
    - Social Security Disability through SSA (Federal Hub)
  - That there was no loss of immigration status.
    - Department of Homeland Security (Federal Hub)
  - That there are not any data conflicts, e.g., a longer than possible pregnancy.

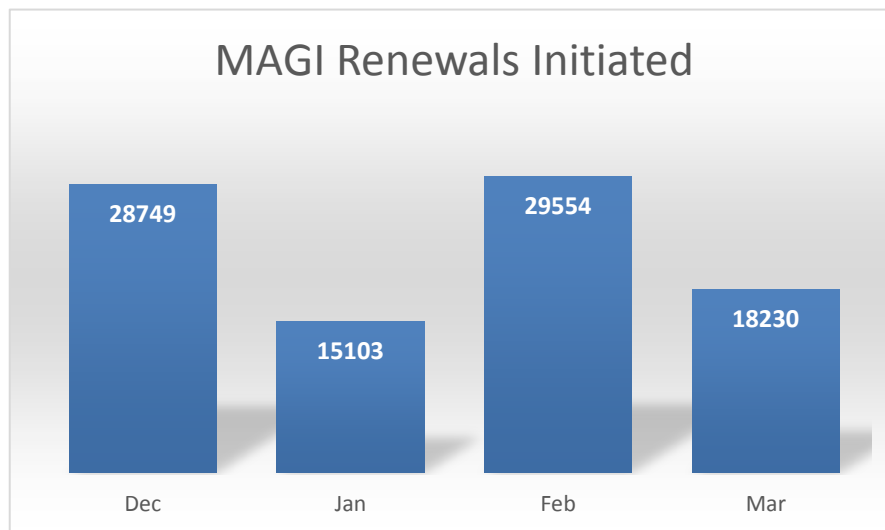
- Process is somewhat similar to the traditional 60 day redetermination process, but with:
  - Real time verification of data
  - Auto renewals
  - 90 day Reconsideration Period







- First renewals were for those ending on December 31<sup>st</sup> (Closures postponed until January 31, 2015)
- Completed or started the process for over 91,000 clients

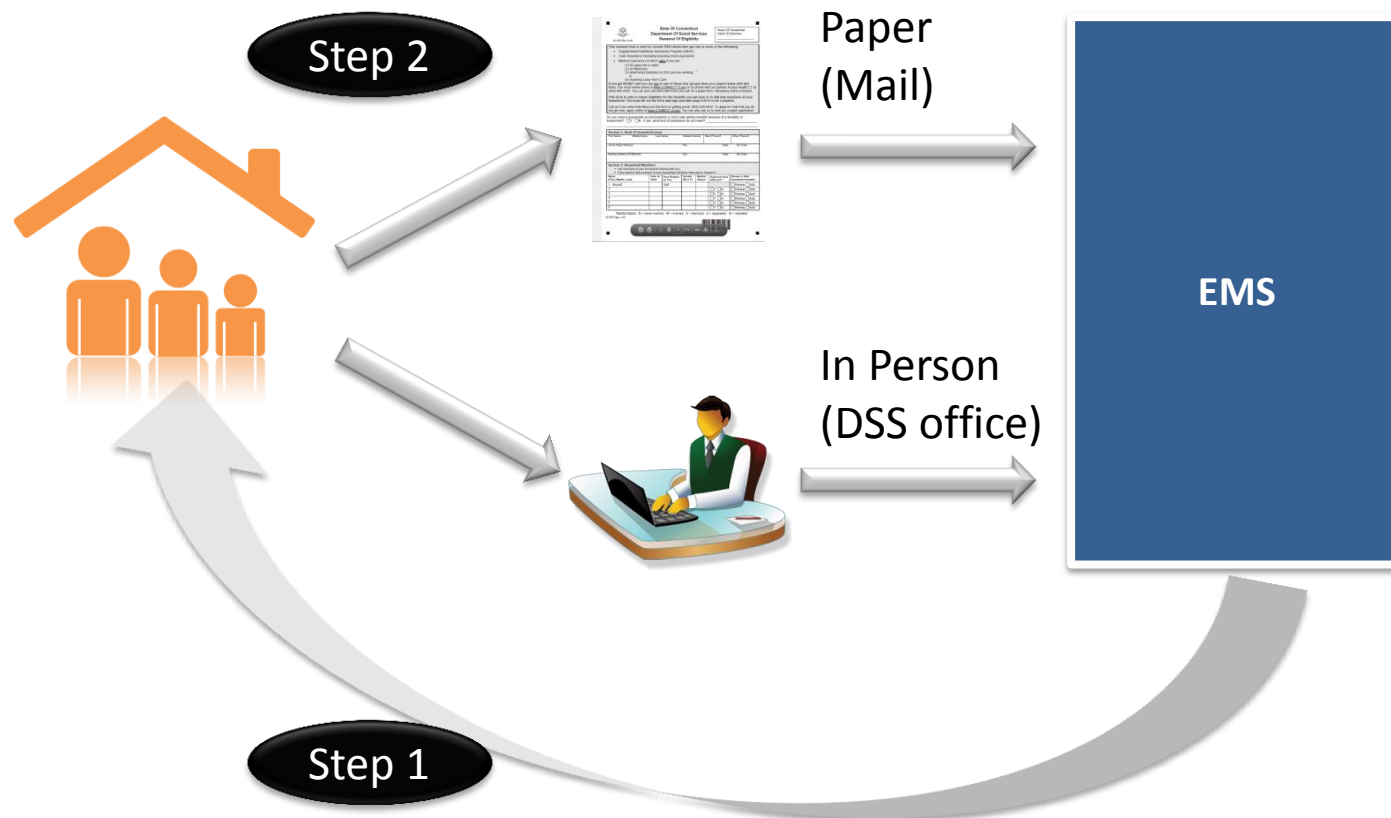




# HUSKY C and Medicare Savings Program (MSP)



- HUSKY C & Medicare Savings Program recipients are subject to redeterminations no more than once every 12 months.
- HUSKY C spend-down recipients are subject to redeterminations once every six months



60 days before coverage ends, a household is notified and sent a redetermination form for HUSKY C or the Medicare Savings Program



- As redeterminations arrive at DSS (mail or an office interview), each case must be initiated in EMS.
  - Initiation keeps the case active in EMS should the redetermination end date be met before processing is complete.
  - DSS auto-initiates redeterminations by a process that compares redetermination forms in ConneCT to cases in EMS due for redetermination.
- The new information is compared to what is already in EMS.
- A missing information request (form W-1348) may be sent if verifications or data is needed.
  - A 10 day due date is allowed for the missing information.
  - Note that MSP programs require little to no verification as in most cases income can be verified using federal data sources and self attestation of income is accepted.
  - Social Security reported income can be verified using the same federal data sources for both HUSKY C & MSP, i.e., no need to request from the client
- Once the outstanding verifications are received the redetermination is completed and a new period of eligibility is determined.



# Thank You!

Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105-3730

Information: 1-800-842-1508  
TDD/TYY: 1-800-842-4524